Declaration and Power of Attorney For Patent Application

專利申請聲明及委任狀

Chinese Language Declaration

the state of the same to the s	
如下所述發明者,我在此宣告: As a below named inventor, I here	by declare that:
我的地址,郵局地址和國籍身份都列在我的姓名下: My residence, post office address an below next to my name,	nd citizenship are as stated
我相信我是原創的,第一個和單獨的發明者(若只列出一人姓名)或是原創的,第一個和共同的發明者(若列出一人以上姓名)。我要求的上題及申請的專利是關於發明 I believe I am the original, first and name is listed below) or an original, plural names are listed below) of the claimed and for which a patent is soug	, first and joint inventor (if se subject matter which is ght on the invention entitled
SECOND SLAT UNITS THAT C	AN BE ADJUSTED
	CT TO THEIR TILTIN
the specification of which	ANGLES
(注明 項) (check one)	
□隨间附上 x is attached hereto.	
□於	as
申請順次號碼 Application Serial No	
於	
(如適用於此)	(if applicable)
我在此陳述我已經再次查看並明瞭以上所指的說明舊的內容, 包括上述的要求及修正。 Line that I have reviewed a tents of the above identified specifical as amended by any amendment ref	tion, including the claims.
- -	•3
我,按照聯邦規則法與第三十七肼第一・五六條(甲)的條 文,認知我提供與審查此申請群有關的重要資料的義務。	ation in accordance with

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Chinese Language Declaration

我,按照聯邦法典第三十五册第一一九條的條文,依據下列 外國專利申請書或發明者證明申請書在此要求受益優先權, 並指出任何上述要求優先權所依據的外國專利申請書或發明 者證明申請書其申請且在本申請書的申請日之前。

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

先前外國申請: Prior Foreign Application(s)			優先權要求
	NONE		Priority Claimed
(號碼) (Number)	(國名) (Country)	(時請日/月/年) (Day/Month/Year Filed)	U 是 Yes No
· (烷碼) · (Number)	(以名) (Country)	(申請日/月/作) (Day/Month/Year Filed)	口 足 Yes No
(號碼) (Number)	(國名) (Country)	(申請日/月/仁) (Day/Month/Year Filed)	U 提 Yes No
的美國申請書要求受益。至於其中 邦法典第三十五册第一一二條的條 的,面發生在先前申請書的申請日 申請書的申請日之間的,我,依聯 一、五六條(甲)的條文,認知提	文在先前的申請書中透露 和本申請書的國家或國際 邦規則法與第三十七册第	I hereby claim the benefit under §120 of any United States ap insofar as the subject matter application is not disclosed in cation in the manner provided 35, United States Code, §112 disclose material information as Federal Regulations, §1.56(a) filing date of the prior applicat international filing date of this a	plication(s) listed below and, of each of the claims of this the prior United States appliby the first paragraph of Title I, I acknowledge the duty to defined in Title 37, Code of which occurred between the ion and the national or PCT
(Application Serial No.) (申請順次號碼)	(Filing Date) (申請日則)	(狀况) (即類,申請中)	(Status) (patented, pending, abandoned)
i d			
(Application Serial No.) (申請順次號碼)	(Filing Date) (申請日期)	(狀况) (ご專利・申請中)	(Status) (patented, pending, abandoned)
		\.	

我在此聲明所有就我自己知識之下所做的一切陳述均屬眞實的,而且依資料和信念所做的一切陳述也相信均是眞實的。還有我了解,根據聯邦法典第十八册第一〇〇一節的規定,有企圖不實或類似的聲明時,應受罰款或監禁的,或兩項同時的處分。像這些企圖不實的聲明會危害到本申請書的合法性或危害到任何專利的批准。

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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委托書:

以列名發明者的身份,我在此指定下列律師和/或 代理人執行此申請並從事與專利商標公署有關的 所有業務(列出姓名和注冊號碼): POWER OF ATTORNEY: As a named inv mor, I hereby appoint the following attorney(s) and/or agents(s) to presecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

Please see attachment

Send Correspondence to: 回信請寄: LADAS & PARRY 224 South Michigan Avenue Chicago, Illinois 60604-2507 U.S.A. Direct Telephone Calls to: (name and telephone number) 直接電話(姓名及電話號碼) (312)427-1300 Full name of sole or first inventor 第一個或唯一的發明者全名 Hsiang-Mei KUO Inventor's signature Date 發明者簽字 日期 Kuo Hsiang Mei October 2, 2003 Residence No. 18, Tai-Shan 2nd St., 地立 West Dist., Chiayi City, Taiwan Citizenship 医豆 Taiwan Post Office Address 郵局地址 same as residence Full name of second joint inventor, if any 第二個共同發明者全名(如有) Second Inventor's signature 第二個發明者簽字 日期 Residence 地址 Citizenship 医豆 Post Office Address 郵局地址

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(第三個和其他共同發明者需提供同樣資料和簽字。) (Supply similar information and signature for third and

subsequent joint inventors.)

ATTACHMENT

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